

**Deprivation of liberty****Application form**

For urgent consideration

Case no.	
Date of application	
Date of issue	

**This form should only be used for applications to vary or terminate a standard or urgent authorisation made by a supervisory body under Schedule A1 of the Mental Capacity Act 2005.**

Full name of person to whom the application relates including their date of birth  
(this is the name of the person who lacks, or is alleged to lack, capacity)

<input type="text"/>	Date of birth <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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Date of urgent/  
standard authorisation / /

Date of effective detention / /

**Section 1 – Contact details****Applicant**

Name

Address

Telephone no.

Mobile no.

Postcode

Email

What is the applicant's relationship to the relevant person? (This is the person that the application is about)

**Applicant's solicitor or representatives**

Name

Address

Telephone no.

Mobile no.

Fax no.

Postcode

Email

**Relevant person's details if not applicant**

Name	<input type="text"/>		
Address	<input type="text"/>	Telephone no.	<input type="text"/>
		Mobile no.	<input type="text"/>
		Fax no.	<input type="text"/>
Postcode	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Email	<input type="text"/>		

**Supervisory body PCT/LA**

Name	<input type="text"/>		
Address	<input type="text"/>	Telephone no.	<input type="text"/>
		Mobile no.	<input type="text"/>
		Fax no.	<input type="text"/>
Postcode	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Email	<input type="text"/>		

**Managing Authority/Hospital/Care Home**

Name	<input type="text"/>		
Address	<input type="text"/>	Telephone no.	<input type="text"/>
		Mobile no.	<input type="text"/>
		Fax no.	<input type="text"/>
Postcode	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Email	<input type="text"/>		

**IMCA**

Name	<input type="text"/>		
Address	<input type="text"/>	Telephone no.	<input type="text"/>
		Mobile no.	<input type="text"/>
		Fax no.	<input type="text"/>
Postcode	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Email	<input type="text"/>		

**Relevant person's representative**

Name	<input type="text"/>		
Address	<input type="text"/>	Telephone no.	<input type="text"/>
		Mobile no.	<input type="text"/>
		Fax no.	<input type="text"/>
Postcode	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Email	<input type="text"/>		

## Section 2 – Details of other interested parties

Name	<input type="text"/>		
Address	<input type="text"/>	Telephone no.	<input type="text"/>
		Fax no.	<input type="text"/>
		DX no.	<input type="text"/>
Postcode	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Email	<input type="text"/>		
Name	<input type="text"/>		
Address	<input type="text"/>	Telephone no.	<input type="text"/>
		Fax no.	<input type="text"/>
		DX no.	<input type="text"/>
Postcode	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Email	<input type="text"/>		

## Section 3 – Details of issue to be challenged

3.1 Date of decision //

3.2 Where an **urgent** authorisation has been given, the court may determine any question relating to any of the following matters:

- ☐ whether the urgent authorisation should have been given
- ☐ the period during which the urgent authorisation is to be in force
- ☐ the purpose for which the urgent authorisation is given
- ☐ other

3.3 Where a **standard** authorisation has been given, the court may determine any question relating to any of the following matters:

- ☐ whether the relevant person meets one or more of the qualifying requirements
- ☐ the period during which the standard authorisation is to be in force
- ☐ the purpose for which the standard authorisation is given
- ☐ the conditions subject to which the standard authorisation is given
- ☐ other

3.4 Other issues that may arise

Are you making an interim application? ☐ Yes ☐ No

Do you intend to bring other applications if this application succeeds in whole or in part? ☐ Yes ☐ No

Do you intend to bring other applications if this application fails? ☐ Yes ☐ No

#### Section 4 – Detailed statement of grounds

☐ Set out below ☐ Attached

## Section 5 – Other issues of the case

- 5.1 Are there other issues that will arise for determination in respect of the relevant person and any applications that you have made or intend to make in respect of them? ☐ Yes ☐ No

If Yes, please give details below

## Section 6 – Other applications

- 6.1 Are you aware of any previous application(s) to the Court of Protection regarding the person to whom this application relates? ☐ Yes ☐ No

If Yes, please give as much of the following information as you can. If there has been more than one previous application please attach the information about other previous applications on a separate sheet of paper.

The name of the applicant

The date of the order

/ / 

Case number

Please attach a copy of the order(s), if available.

☐ Copy attached ☐ Not available

## Section 7 - Attending court hearings

- 7.1 If the court requires you to attend a hearing do you need any special assistance or facilities? ☐ Yes ☐ No

If Yes, please say what your requirements are. If necessary, court staff may contact you about your requirements.

**Section 8 – Statement of facts relied on**

**Section 9 - Statement of truth**

The statement of truth is to be signed by you, your solicitor or your litigation friend.

\*(I believe) (The applicant believes) that the facts stated in this application form and its annex(es) are true.

Signed

Date

/

/

Name

Name  
of firm

Position or  
office held



## Section 10 - Supporting documents

10.1 Which of the following documents are you filing with this application and any you will be filing later?

- |   |   |
|---|---|
| <input type="checkbox"/> Standard authorisation     | <input type="checkbox"/> Best interests assessment  |
| <input type="checkbox"/> Urgent authorisation       | <input type="checkbox"/> Form COP DLB Declaration of exceptional urgency                      |
| <input type="checkbox"/> Age assessment             | <input type="checkbox"/> Form COP 24 Witness Statement  |
| <input type="checkbox"/> No refusals assessment     | <input type="checkbox"/> A copy of the Legal Aid or CSLF certificate (if legally represented) |
| <input type="checkbox"/> Mental capacity assessment | <input type="checkbox"/> Copies of any relevant statutory material                            |
| <input type="checkbox"/> Mental health assessment   | <input type="checkbox"/> Draft Order or Directions  |
| <input type="checkbox"/> Eligibility assessment     |   |

10.2 The following documents not being in my possession. I request \_\_\_\_\_ the Supervisory Body/ Managing Authority, to file copies of the following documents with their acknowledgment of service

- |   |  |
|---|--|
| <input type="checkbox"/> Standard authorisation     | <input type="checkbox"/> Mental health assessment  |
| <input type="checkbox"/> Urgent authorisation       | <input type="checkbox"/> Eligibility assessment    |
| <input type="checkbox"/> Age assessment             | <input type="checkbox"/> Best interests assessment |
| <input type="checkbox"/> No refusals assessment     | <input type="checkbox"/> Care plan                 |
| <input type="checkbox"/> Mental capacity assessment |  |

10.3 Please explain why you have not supplied a document and a date when you expect it to be available:

Signed .....Applicant's Solicitor .....